



KANSAS REPORTABLE DISEASE FORM

Fax this form to your local health department or KDHE: 877-427-7318

Please include disease-specific laboratory results, if available

To report urgent diseases, call the KDHE Epidemiology Hotline: 877-427-7317

This form is available at: <https://www.kdhe.ks.gov/1492>

Today's date: _____

PATIENT INFORMATION

Name: _____
Last First Middle

Mobile phone: _____ Home phone: _____

Residential address: _____

City: _____ State: _____ Zip: _____

Date of Birth (if unknown, provide age): _____

Race: White Black Asian American Indian / Alaska Native Native Hawaiian / Pacific Islander
Ethnicity: Hispanic Non-Hispanic
Sex: Male Female → Pregnant? Yes No Unknown

Associated with high-risk setting or institution? Daycare Health Care Food Handler School
 Nursing Home Correctional Shelter Other

Name and city of high-risk setting or institution: _____

DISEASE OR CONDITION INFORMATION

Disease or condition suspected: _____

Symptom onset date: _____

Hospitalized? Yes → Hospital: _____ Died? Yes → Death date: _____
 No No
 Unknown

Laboratory name: _____ Specimen collection date: _____

Test(s) performed: _____ Test result(s): _____

FACILITY AND PHYSICIAN INFORMATION

Facility name: _____ Facility city: _____

Physician name: _____ Phone #: _____

Name of person reporting: _____ Phone #: _____

TREATMENT INFORMATION

Treated? Yes → Treatment type, dosage, start date, and duration: _____
 No
 Unknown